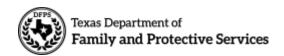


## **PAL INDIVIDUAL MONTHLY PROGRESS REPORT**

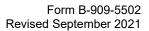
**Purpose:** A contractor uses this form to provide PAL staff monthly documentation of progress for youth in services.

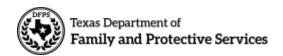
**Directions:** Contractor completes form for youth receiving services and sends to PAL staff. Youth working on Independent Study Guide must also have hours and completion noted.

YOUTH'S INFORMATION						
Name:	PID		Region:			
Training location:		Training facilitator:				

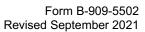


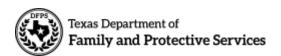
CLSA ASSESSMENT						
Date completed Data e	ntry date Interpretation shared date					
ed (core Date attended Hours	Comments					
Safety						
alth Care:						
onsibility:						
buse:						
Stress						
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Contracts:						
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Life Decisions and Responsibilities			
a. Legal Rights & Responsibilities:			
b. Legal Documents, Records, Roots:			
c. Community Resources/Awareness:			
d. Life Decisions:			
e. Organizational Skills:			
f. Your Transition Plan:			
Personal and Social Relationships			
a. Interpersonal Relationships:			
b. Communication:			
c. Culture:			
d. Self-Esteem:			
e. Anger Management:			
f. Paperwork:			
Experiential activities/dates:			
Check appropriate box for each category:	Good	Fair	Needs improvement
Participation:			
Attitude:			
Behavior:			
Comprehension:			
Strengths (describe):			





Areas needing improvement (describe):				
Training facilitator:	Date:	Date mailed / emailed to DFPS PAL staff:		